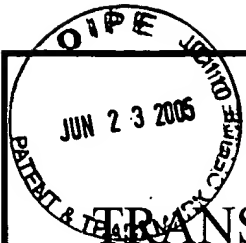


2171
JFW



TRANSMITTAL FORM

Application Serial Number	09/921,654
Filing Date	August 3, 2001
First Named Inventor	ANSHUL AMAR
Group Art Unit	2171
Examiner Name	Not Yet Assigned
Attorney Docket No.	ATH-001US
Patent No.	Not Yet Assigned
Issue Date	Not Yet Assigned

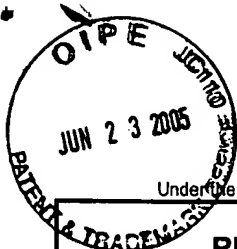
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____] <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citation Labeled C13 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate) <input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below) <input checked="" type="checkbox"/> Executed Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address (1 pg)
---	--	---

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8
 I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 21st day of June, 2005.

Sandra J. Allen
 Sandra J. Allen

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899	Respectfully submitted, Date: June 21, 2005 Reg. No.: 50,351 Tel. No.: (617) 526-9631 Fax No.: (617) 526-9899 Christopher H. Chung Attorney for the Applicants Proskauer Rose LLP One International Place Boston, MA 02110-2600



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/921,654
Filing Date	August 3, 2001
First Named Inventor	ANSHUL AMAR
Art Unit	2171
Examiner Name	Not Yet Assigned
Attorney Docket Number	ATH-001US

I hereby revoke all previous powers of attorney given in the above-identified application:☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:**42532**☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
Customer Number:**42532****I OR**

<input checked="" type="checkbox"/> Firm or Individual Name	Proskauer Rose LLP				
Address	One International Place				
City	Boston	State	MA	Zip	02110
Country					
Telephone			II	F	

I am the:☐ Applicant/Inventor.☒ Assignee of record of the entire interest. The assignment of the inventors to the assignee, Athenahealth, Inc., is recorded in the assignment records of the United States Patent and Trademark Office at Reel No.: 012512 and Frame No.: 0905.**III SIGNATURE of Applicant or Assignee of Record**

Signature	<i>Christopher E. Nolin</i>		
Name	Christopher E. Nolin (General Counsel)		
Date	6/8/05	Telephone	(781) 392-0256

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of ____ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.